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** CONTINUING DATA *****

NONE MRP

** FOREIGN APPLICATIONS *****

NONE MRP

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 05/04/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY UT	SHEETS DRAWING 27	TOTAL CLAIMS 43	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after <i>allowance</i>				
Verified and Acknowledged	<i>B. Riddell</i> Examiner's Signature	Initials			

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TITLE

Tibial condylar hemiplasty tissue preparation instruments and methods

FILING FEE RECEIVED 1572	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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